UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

## NOTICE OF ALLOWANCE AND FEE(S) DUE

2119

7590

12/08/2008

RONALD E. GREIGG GREIGG & GREIGG P.L.L.C. 1423 POWHATAN STREET, UNIT ONE ALEXANDRIA, VA 22314 EXAMINER

LE, DANG D

ART UNIT PAPER NUMBER

2834 DATE MAILED: 12/08/2008

|   | APPLICATION NO. FILING DATE |            | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------------------|------------|----------------------|---------------------|------------------|
| Ī | 10/587,894                  | 07/28/2006 | Eberhard Lung        | R.307198            | 2339             |

TITLE OF INVENTION: STATOR ASSEMBLY FOR AN ELECTRICAL MACHINE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 03/09/2009 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

### Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

| appropriate. All further                                                                                                                                            | correspondence includir<br>ed below or directed oth                                                    | g the Patent, advance or                                                                                                                                                                                                                                                                                                                             | rders and notification of r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | naintenance fees w                                                                                                                                                                                                                                                                            | ill be i                                        | mailed to the current                                                                                                  | nould be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                        |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                 |                                                                                                                        |                                                                                                                                          |
| 2119<br>RONALD E. C<br>GREIGG & GR<br>1423 POWHAT                                                                                                                   | I he                                                                                                   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                        |                                                                                                                                          |
| ALEXANDRIA                                                                                                                                                          | ., VA 22314                                                                                            |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                        | (Depositor's name)                                                                                                                       |
|                                                                                                                                                                     |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                        | (Signature)                                                                                                                              |
|                                                                                                                                                                     |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                        | (Date)                                                                                                                                   |
| APPLICATION NO.                                                                                                                                                     | FILING DATE                                                                                            |                                                                                                                                                                                                                                                                                                                                                      | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                               | ATTO                                            | RNEY DOCKET NO.                                                                                                        | CONFIRMATION NO.                                                                                                                         |
| 10/587,894<br>TITLE OF INVENTION                                                                                                                                    | 07/28/2006<br>I: STATOR ASSEMBLY                                                                       | FOR AN ELECTRICAI                                                                                                                                                                                                                                                                                                                                    | Eberhard Lung<br>L MACHINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                 | R.307198                                                                                                               | 2339                                                                                                                                     |
| APPLN. TYPE                                                                                                                                                         | SMALL ENTITY                                                                                           | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                                        | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSUE                                                                                                                                                                                                                                                                              | E FEE                                           | TOTAL FEE(S) DUE                                                                                                       | DATE DUE                                                                                                                                 |
| nonprovisional                                                                                                                                                      | NO                                                                                                     | \$1510                                                                                                                                                                                                                                                                                                                                               | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                           |                                                 | \$1810                                                                                                                 | 03/09/2009                                                                                                                               |
| EXAM                                                                                                                                                                | IINER                                                                                                  | ART UNIT                                                                                                                                                                                                                                                                                                                                             | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ]                                                                                                                                                                                                                                                                                             |                                                 |                                                                                                                        |                                                                                                                                          |
| LE, DA                                                                                                                                                              | ANG D                                                                                                  | 2834                                                                                                                                                                                                                                                                                                                                                 | 310-258000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ı                                                                                                                                                                                                                                                                                             |                                                 |                                                                                                                        |                                                                                                                                          |
| "Fee Address" ind<br>PTO/SB/47; Rev 03-0<br>Number is required.  3. ASSIGNEE NAME A                                                                                 | oondence address (or Cha<br>B/122) attached.<br>dication (or "Fee Address<br>22 or more recent) attach | nge of Correspondence  ' Indication form ed. Use of a Customer  A TO BE PRINTED ON                                                                                                                                                                                                                                                                   | 2. For printing on the p  (1) the names of up to or agents OR, alternativ  (2) the name of a singl registered attorney or a 2 registered patent atto listed, no name will be  THE PATENT (print or type data will appear on the part of th | 3 registered patent<br>vely,<br>e firm (having as a<br>agent) and the name<br>rneys or agents. If a<br>printed.                                                                                                                                                                               | membes of up                                    | er a 2<br>p to<br>e is 3                                                                                               | ocument has been filed for                                                                                                               |
| 4a. The following fee(s)  Issue Fee  Publication Fee (N                                                                                                             | riate assignee category or                                                                             | permitted)                                                                                                                                                                                                                                                                                                                                           | b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Individual Conse first reapply and d. Form PTO-2038                                                                                                                                                                                                                                           | rporati  y prev  is atta                        | on or other private griiously paid issue fee ched.                                                                     |                                                                                                                                          |
| NOTE: The Issue Fee an                                                                                                                                              | ns SMALL ENTITY statu                                                                                  | us. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                 | b. Applicant is no long                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ger claiming SMAL                                                                                                                                                                                                                                                                             | L ENT                                           | ΓΙΤΥ status. See 37 C                                                                                                  |                                                                                                                                          |
| interest as shown by the  Authorized Signature                                                                                                                      |                                                                                                        | tes Patent and Trademark                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                          |                                                 |                                                                                                                        |                                                                                                                                          |
| Typed or printed name                                                                                                                                               |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registration N                                                                                                                                                                                                                                                                                | o                                               |                                                                                                                        |                                                                                                                                          |
| This collection of inform<br>an application. Confiden<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223 | tiality is governed by 35 d application form to the ions for reducing this but lighting 22313-1450. DC | FR 1.311. The informatic<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>den, should be sent to th<br>NOT SEND FEES OR                                                                                                                                                                                                                          | on is required to obtain or r<br>1.14. This collection is est<br>depending upon the indiv<br>e Chief Information Office<br>COMPLETED FORMS TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | retain a benefit by the<br>imated to take 12 n<br>ridual case. Any coper, U.S. Patent and<br>O THIS ADDRESS                                                                                                                                                                                   | ne publ<br>ninutes<br>mment<br>Tradem<br>. SENI | ic which is to file (and<br>to complete, including<br>s on the amount of tinark Office, U.S. Dep<br>O TO: Commissioner | d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |

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# UNITED STATES PATENT AND TRADEMARK OFFICE

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| APPLICATION NO.                         | FILING DATE                    | FIRST NAMED INVENTOR  | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |  |
|-----------------------------------------|--------------------------------|-----------------------|-------------------------|------------------|--|--|
| 10/587,894                              | 07/28/2006                     | Eberhard Lung         | R.307198 2339           |                  |  |  |
| 2119 75                                 | 590 12/08/2008                 |                       | EXAMINER                |                  |  |  |
| RONALD E. GR                            | EIGG                           | LE, DA                | ANG D                   |                  |  |  |
| GREIGG & GREI                           |                                | ART UNIT PAPER NUMBER |                         |                  |  |  |
| 1423 POWHATAN<br>ALEXANDRIA, V          | N STREET, UNIT ONI<br>7A 22314 |                       | 2834                    | _                |  |  |
| 111111111111111111111111111111111111111 |                                |                       | DATE MAILED: 12/08/2008 |                  |  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 87 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 87 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

|                                                                                                                                                                                                                                          | Application No.                                                                       | Applicant(s)                           |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|----------|
|                                                                                                                                                                                                                                          | 10/587,894                                                                            | LUNG ET AL.                            |          |
| Notice of Allowability                                                                                                                                                                                                                   | Examiner                                                                              | Art Unit                               |          |
|                                                                                                                                                                                                                                          | Dang D. Le                                                                            | 2834                                   |          |
| The MAILING DATE of this communication ap                                                                                                                                                                                                |                                                                                       |                                        |          |
| All claims being allowable, PROSECUTION ON THE MERITS I herewith (or previously mailed), a Notice of Allowance (PTOL-8: NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT of the Office or upon petition by the applicant. See 37 CFR 1.3: | <ol> <li>or other appropriate common strength</li> <li>This application is</li> </ol> | munication will be mailed in due cou   |          |
| 1. This communication is responsive to <u>11/13/08</u> .                                                                                                                                                                                 |                                                                                       |                                        |          |
| 2. ☑ The allowed claim(s) is/are 11 and 13-32.                                                                                                                                                                                           |                                                                                       |                                        |          |
| 3. ☐ Acknowledgment is made of a claim for foreign priority  a) ☐ All b) ☐ Some* c) ☐ None of the:                                                                                                                                       | under 35 U.S.C. § 119(a)-(c                                                           | l) or (f).                             |          |
| 1.   Certified copies of the priority documents ha                                                                                                                                                                                       | ve been received.                                                                     |                                        |          |
| 2.   Certified copies of the priority documents ha                                                                                                                                                                                       | ve been received in Applica                                                           | tion No                                |          |
| <ol><li>Copies of the certified copies of the priority of</li></ol>                                                                                                                                                                      | locuments have been receiv                                                            | red in this national stage application | from the |
| International Bureau (PCT Rule 17.2(a)).                                                                                                                                                                                                 |                                                                                       |                                        |          |
| * Certified copies not received:                                                                                                                                                                                                         |                                                                                       |                                        |          |
| Applicant has THREE MONTHS FROM THE "MAILING DATE noted below. Failure to timely comply will result in ABANDON THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                                                                |                                                                                       | ile a reply complying with the require | ements   |
| 4. A SUBSTITUTE OATH OR DECLARATION must be sub INFORMAL PATENT APPLICATION (PTO-152) which gi                                                                                                                                           |                                                                                       |                                        | CE OF    |
| 5. CORRECTED DRAWINGS ( as "replacement sheets") m                                                                                                                                                                                       | ust be submitted.                                                                     |                                        |          |
| (a) I including changes required by the Notice of Draftspe                                                                                                                                                                               | erson's Patent Drawing Revi                                                           | ew ( PTO-948) attached                 |          |
| 1) 🗌 hereto or 2) 🔲 to Paper No./Mail Date                                                                                                                                                                                               | <u>_</u> .                                                                            |                                        |          |
| <ul><li>(b) ☐ including changes required by the attached Examine<br/>Paper No./Mail Date</li></ul>                                                                                                                                       | er's Amendment / Comment                                                              | or in the Office action of             |          |
| Identifying indicia such as the application number (see 37 CFR each sheet. Replacement sheet(s) should be labeled as such in                                                                                                             |                                                                                       |                                        | k) of    |
| <ol> <li>DEPOSIT OF and/or INFORMATION about the department department regarding REQUIREMENT</li> </ol>                                                                                                                                  |                                                                                       |                                        | the:     |
|                                                                                                                                                                                                                                          |                                                                                       |                                        |          |
| Attachment(s)                                                                                                                                                                                                                            |                                                                                       |                                        |          |
| 1. Notice of References Cited (PTO-892)                                                                                                                                                                                                  | 5. Notice of                                                                          | Informal Patent Application            |          |
| 2. Notice of Draftperson's Patent Drawing Review (PTO-948                                                                                                                                                                                |                                                                                       | Summary (PTO-413),<br>o./Mail Date     |          |
| 3. Information Disclosure Statements (PTO/SB/08),                                                                                                                                                                                        |                                                                                       | 's Amendment/Comment                   |          |
| Paper No./Mail Date  4.  Examiner's Comment Regarding Requirement for Deposit                                                                                                                                                            | : 8. ⊠ Examiner                                                                       | 's Statement of Reasons for Allowar    | nce      |
| of Biological Material                                                                                                                                                                                                                   | 9. 🔲 Other                                                                            | <u></u> .                              |          |
| /Dang D Le/                                                                                                                                                                                                                              | 12/2/08                                                                               |                                        |          |
| Primary Examiner, Art Unit 2834                                                                                                                                                                                                          |                                                                                       |                                        |          |
|                                                                                                                                                                                                                                          |                                                                                       |                                        |          |

Application/Control Number: 10/587,894 Page 2

Art Unit: 2834

### **DETAILED ACTION**

#### Continued Examination Under 37 CFR 1.114

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 11/13/08 has been entered.

## **Drawings**

2. The drawings were received on 11/13/08. These drawings are accepted.

#### Allowable Subject Matter

3. Claims 11 and 13-32 are allowed.

#### Information on How to Contact USPTO

4. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Dang D. Le whose telephone number is (571) 272-2027. The examiner can normally be reached on Monday through Friday.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Quyen Leung can be reached on (571) 272-8188. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Application/Control Number: 10/587,894 Page 3

Art Unit: 2834

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Dang D Le/ Primary Examiner, Art Unit 2834

12/2/08